



Wisconsin Birth to 3 Program Request for Mediation

Parents or a county administrative agency, or both, may initiate the mediation process with a written request sent to the Department of Health and Family Services (DHFS). Use of this *Request for Mediation* form is voluntary. However, using this form assures that correct information is received and that mediation occurs promptly.

- If a this is a joint request, the parents and the county administrative agency contact may jointly complete a single *Request for Mediation* form. The form should be sent to DHFS at the address shown below. The DHFS will appoint a qualified mediator who will arrange mediation at a neutral site and a day and time convenient to both parties.
- If a this is not a joint request, the requesting party may complete the written request and send it to DHFS. DHFS will notify the other party in writing of the request for mediation and ask that the other party inform DHFS of their willingness to participate. A timely response is needed. If the other party agrees to mediate, DHFS will appoint a mediator to arrange a mediation session. If the other party refuses to participate or DHFS does not receive a timely reply, DHFS will notify the requesting party of that response.

We wish to request that the Department of Health and Family Services appoint a mediator who will convene an early intervention mediation session regarding the following unresolved topic(s):

We understand that mediation is a voluntary option to resolve disputes and is available to encourage early resolution of issues whenever possible. We also understand that mediation is confidential and that mediation may not delay or deny the right to a hearing.

Child's Name*	County
Parent/Guardian name*	County administrative contact name
Address*	Address
City State Zip*	City State Zip
Phone*	Phone
Parent/Guardian Signature* Date	County Administrative Contact Signature Date

***This confidential information is required to arrange for the mediation session and will only be used for that purpose.**

For additional information, contact the Birth to 3 Program: (608) 266-8276

Submit this form to: Birth to 3 Program/Mediation, PO Box 7851, Madison, WI 53707-7851

For DHFS Use: Date Received	Mediation Date
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